								SERIAL NO	D.	- .		FILING DA	TE		
MULTIPLE DEPENDENT CLAIM									APPLICANT(S)						
FEE CALCULATION SHEET									-(-)						
			7.	788 187		7818 7815	CLAIMS	Y	<u> </u>		<u> </u>		<u> </u>		
<u> </u>	^	AS FILED		AFTEX 187 AMENDMENT .		AFTER 2KD AMENDMENT		ļ <u>.</u>	1		Ĭ		f		
	BND	DE>	_ MD	DEP	dre	DEP	┨		BHD .	DEP	MD	DEP	BKD	DEP	
1		 	4				-{	- 51	 	 (-	 	 	+		
2		+-/		 		+	-{	52		 }	 	+	 	 	
3	1-	+/-	1	+	+	 	1	53 54	 	 -/-	 	 	 	 	
5	1	*	+	+	1	+	1 .	55		/		 	1	 	
-	1 /	1	 	 	 	 	1	56				1			
7	1/]	57							
	1/]	58							
9	1/							59	/			<u> </u>			
10	1	ļ	1			1	.]]	60	<u></u>		ļ	<u> </u>	ļ		
	4	 	 	 	 	+	4	61		7-1	<u> </u>	 	ļ		
12	· · ·	1 :	 			-	} }	62				}	 		
13	 	حقا	+	+	+	- 	1 1	63 64		+	 	 	 		
14 15			 	 	1	1	1 }	65		1					
16		1	1	1	1	1	1 I	66		v.		1			
17		1]	67							
18								68							
19		- /	1			1	1 [69							
20	<u> </u>	 	ļ	↓	-	-	1 1	70	/			<u> </u>	I		
21	 	 / -	 	 	1	-	}	71				 	 		
22	-	 /	 		 	 	}	72							
23	 	//	 	+	 	 	1 h	73 74	/ 						
24 25	1	/	1	1	 	†	i	75							
26		1	 	1		1	1	76							
27								77							
28] [78							
29	1		 	 	 		}	79							
30	 		ļ	 	 			80						 	
31	 	 		 	 	 		81					 		
32	 (-	 	 		82		 -			 		
33	1		 	 	 		 	84 .							
35	<i>i</i>							85							
36	/							86							
37	/							87							
38	/		· · ·		ļ		L	88					ļļ		
39	-1'		ļ	 	 	 		89							
40		/_	ļ	 	 		 -	90							
41	[/- -		ļ	 -	 	-	91							
42		/		 	 	 	-	92					-		
43		/		 			 	94							
45		1	-		 		- t	95							
46					l		<u> </u>	96							
47								97							
48								98		•:]			
49								99							
50	/							100							
OTÁL IND.		1		ı		1	1,0	OTAL HID.	j	11	J				
OTAL	7	[}]	-	<u></u> }	-	<u> </u>	Īī	OTAL EP.		 * [-	_+	-	_+	
DTAL						1800	Tri I	DTAL LAMS	F	7/1/2	Ti.	INSTA	la la		
LAMS	i .	- C. 19		A 22.45		14.475 E.16.7	ICI	~~~	12	C (46.7 87, 35)**	13	rat 6 maps to 18 mg	25	THE PERSON	